U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 115/5	2. Fiscal Year Covered From:		
	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Myra Warren	Name National Association of Letter Carriers		
	Labor Organization File Number 000-509		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 100 Indiana Avenue., N.W.	Street 100 Indiana Avenue., N.W.		
City Washington	City Washington		
State District of Columbia ZIP Code +4 20001-214	State District of Columbia ZIP Code + 4 20001-2144		
5. Position in labor organization.  Director of Mutual Benefits Assoc.			
Enter appropriate data below if, during the past fisical year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	¬		
	7.b. Amount.		
Street	]		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief ytrue, correct, and complete. (See the section on penalties in the instructions.)			
All as all as	707 17/50 0:0/50		
Signed \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	On 5/14/2006 200 - 442-2868  Date Telephone Number		
Form LM-30 (2003)			

Name of Person Filling Myra Warren	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) as substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Peale Delaney Printer LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2500 Schuster Drive  City Cheverly  State Maryland ZIP Code + 4 29781  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:    X	ous printing jobs.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Trineing company who provide varie	do princing jobo.	
StreetCityZIP Code + 4	11.b. Approximate dollar value of such dealing. \$2,080,810  12.a. Nature of interest held or income received.  Holiday gifts received during the year.		
	12.b. Amount,	\$470	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		